

7006

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021685

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5820

STATE FILE NUMBER

FILED JUN 7 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

15 minutes

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Christian Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR TOWN Bellefontaine Neighbors

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1030 Oran Dr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JOHN

Middle

Last

HAYES

4. DATE OF DEATH

Month

Day

Year

June 1 1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/27/1898

## 9. AGE (last birthday)

64 years

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

bench hand

## 10b. KIND OF BUSINESS OR INDUSTRY

carbureter

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

William Hayes

## 13b. MOTHER'S MAIDEN NAME

Mary Foley

## 14. NAME OF HUSBAND OR WIFE

Hazel Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates of)

yes

W W II

NO.

## 17. INFORMANT

Address

Hazel Hayes - 1030 Oran Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

4201

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Feb 1958 to June 1 63 and last saw him alive on June 1 - 63  
Death occurred at 400 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

June 3, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

St. Pauls Churchyard

## 23d. LOCATION (City, town, or county)

St. Louis County

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

## 25. DATE RECD. BY LOCAL REG.

JUN 3 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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2 400138

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56

STATE NO. 021474

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Walter D. Buckholz*

Licensed Embalmer No. 4551

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.